Approved for use through 11/30/2011. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR **REVOCATION OF POWER OF ATTORNEY** WITH A NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/557.107
Filing Date	12/29/2006
First Named Inventor	Nicolaas Theunis Rudie van As
Title	METHOD AND APPARATUS FOR
Art Unit	2616
Examiner Name	Munsoon Choo
Attorney Docket Number	00246/RPM

			1 0/2-10/11/1	
I hereby revoke all previous powers of attorney given in the above-identified application.				
A Power of Attorney is submitted herewith.				
Number as my/o identified above and Trademark	point Practitioner(s) associated with the following Customer my/our attorney(s) or agent(s) to prosecute the application pove, and to transact all business in the United States Patent nark Office connected therewith:			
OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:				
	Practitioner(s) Name Registration Number			
	·			
Please recognize of	or change the correspondence address	for the above	re-identified application to:	
The address associated with the above-mentioned Customer Number.				
OR				
OR OR	sociated with Customer Number:			
Firm or Individual Name	•			
Address	;.			
City		State	Zip	
Country				
Telephone		Email		
I am the: Applicant/Invented OR				
Statement under	ord of the entire interest See 37 CFR 3.71.		, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
O's setup	SIGNATURE of Applicant	t or Assignee of	Date 2/9D1/ 2009	
Signature Name	Nicolaas Taeunis Rudie van As		Telephone Telephone	
Title and Company	Inventor			
NOTE: Signatures of all the signature is required, see b	e inventors or assignees of record of the entire interest	or their representa	tative(s) are required. Submit multiple forms if more than one	
*Total of 3	forms are submitted.			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete. userio to process) an apparation, connoemating its governed by 35 U.S.C. 122 and 37 CFK 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/81 (01-09)
Approved for use through 11/30/2011. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR **REVOCATION OF POWER OF ATTORNEY** WITH A NEW POWER OF ATTORNEY AND **CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/557.107
Filing Date	12/29/2006
First Named Inventor	Rentje Theodoor Koning
Title	METHOD AND APPARATUS FOR
Art Unit	2616
Examiner Name	Munsoon Choo
Attorney Docket Number	09246/RPM

I hereby revoke all	previous powers of attorney given in the	ne above-identi	fied application	on.		
A Power of Atto	rney is submitted herewith.					
Number as my/o identified above and Trademark	OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:					
I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:						
	Practitioner(s) Name			Registration Number		
Please recognize of	or change the correspondence address	for the above-	identified app	olication to:		
_	sociated with the above-mentioned Customer N		• •			
OR						
The address ass	sociated with Customer Number:					
Firm or Individual Name						
Address						
City		State		Zip		
Country		Email				
Telephone		Entail				
Applicant/Invent	or.					
Assignee of reco	ord of the entire interest. See 37 CFR 3.71. r 37 CFR 3.73(b) (Form PTO/SB/96) submitted in	herewith or filed on				
	SIGNATURE of Applican	nt or Assignee of I	Record			
Signature	TAL		Date	14 April 2009		
Name	Rentie Theodoor Koning		Telephone	+ 31 6 5331 2441		
Title and Company						
NOTE: Signatures of all the signature is required, see to	e inventors or assignees of record of the entire interest pelow*.	st or their representati	ve(s) are required.	. Submit multiple forms if more than one		
Total of3	forms are submitted.					

This collection of Information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Approved for use through 11/30/2011. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/557,107	1
Filing Date	12/29/2006	
First Named Inventor	Nicolaas Theunis Rudie van As	
Title	METHOD AND APPARATUS FOR	
Art Unit	2616	
Examiner Name	Munsoon Choo	_
Attorney Docket Number	09246/RPM	J

I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Atto	mey is submitted herewith.	_			
OR					
Number as my/o	Practitioner(s) associated with the following Curve attempts or agent(s) to prosper the the appli-	stomer	01933		
Hallioti do Ingro	y/our attorney(s) or agent(s) to prosecute the application we, and to transact all business in the United States Patent				
	and Trademark Office connected therewith:				
OR hereby appoint	Practitioner(s) named below as my/our attorney	v(s) or agent(s) t	to prosecute the application identified above, and		
to transact all bu	to transact all business in the United States Patent and Trademark Office connected therewith:				
	Practitioner(s) Name Registration Number				
	1actional(s) Name				
		f 4bb	a identified confinction to:		
	r change the correspondence address		e-identified application to.		
The address ass	ociated with the above-mentioned Customer Nu	ımber.			
OR					
The address ass	ociated with Customer Number:		·		
OR					
Firm or	Firm or				
Individual Name					
Address					
City		State	Zip		
Country		1 = - 1			
Telephone		Email			
I am the:					
Applicant/Invento	or.				
OR Assignee of reco	rd of the entire interest. See 37 CFR 3.71.				
Statement under	37 CFR 3.73(b) (Form PTO/SB/96) submitted h	nerewith or filed	on		
	SIGNATURE of Applican	it or Assignee	of Record		
Signature	- se		Date 30 - 4 - 2009		
Name	Bart-Jan Buijze		Telephone + 31 6 4846383		
Title and Company Inventor					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
	Total of 3 forms are submitted.				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.